



SINGLE FAMILY RESIDENCE COMMUNITY DEVELOPMENT BUILDING DIVISION

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007

INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for a **single family residence, SFR addition/remodel or residential garage**. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the 360.863.4527.

SUBMITTAL CHECKLIST

- ◇ (1) Original of the Combined Permit Application form
- ◇ (2) site plan no greater than 11" x 17"
- ◇ (2) construction drawings (include elevations)
- ◇ (2) structural calculations (if applicable)
- ◇ Plumbing/Mechanical fixture count sheet (if applicable)
- ◇ Washington State Energy Code form (if applicable)
- ◇ Current copy of Labor & Industries contractor's license
- ◇ Building height calculation worksheet
- ◇ Utility Service Agreement (if new utility service or changing an existing utility service)
- ◇ (2) TESC (Temporary Erosion & Sediment Control)
- ◇ Approval from Snohomish Health District (if on septic)

Adopted State Codes – Effective July 1st, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) title 51 and as amended by the Monroe Municipal Code Title 15:

2015 International Building Code (IBC)
2015 International Existing Building Code (IEBC)
2015 International Residential Code (IRC)
2015 International Fire Code (IFC)
2015 International Mechanical Code (IMC)
2015 International Fuel Gas Code (IFGC)
2015 Uniform Plumbing Code (UPC)
2015 ICC Energy Conservation Code with State amendments

Structural Design Criteria

Seismic Design Category: **IRC D1/D2 / IBC - D**

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs/sq ft

*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.



COMMUNITY DEVELOPMENT PERMIT DIVISION

806 West Main Street, Monroe, WA 98272
Phone (360) 863-4501 building@monroewa.gov
www.monroewa.gov

FOR OFFICE USE ONLY

APPLICATION #(s) _____

COMBINED PERMIT APPLICATION

Permit Submittal Hours:
Monday-Friday 8:00-12:00 / 1:00-4:00

Building	Operations	Fire	Land Use
<input type="checkbox"/> Basic SFR	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Type I Permit
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Type II Permit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Type III Permit
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Type IV Permit
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Rockery	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> See permit types listed in Monroe MMC
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Racking	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Residential Remodel			
<input type="checkbox"/> Other _____			

NOTE: All required Electrical Permits will be issued by the
Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____

City _____ State _____ Zip _____ E-mail _____

Attach a separate sheet for additional property owners/additional addresses

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

Combined Permit Application - Page 2

Contractor: _____ Phone # _____

Contractor's License # _____ Exp Date _____

Email _____

Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

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Residential:

Living area: _____ sf x \$ _____ = \$ _____

Garage / Carport: _____ sf x \$ _____ = \$ _____

Deck / Porch: _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Commercial:

(fill in type) _____ sf x \$ _____ = \$ _____

(fill in type) _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Plan Check Fee: _____

Permit Fee: _____

State Fee: _____

Fire Plan Check Fee: _____

Technology Fee: _____

SEPA Fee: _____

PLUMBING AND MECHANICAL FEES (PER UNIT) – TABLE 103.4.2 (A)

Commercial plumbing & mechanical permits are required to submit line drawings. A plan review fee of 65% for plumbing and 25% for mechanical are assessed at the time of submittal. All permits are subject to a 5% technology fee.

#	<u>Plumbing</u>	
	Additional plan review fees / hr.	\$ 50.00
	Backflow Assembly	\$ 10.00
	Base Plumbing Fee	\$ 30.00
	Bath/Shower Combo	\$ 10.00
	Bathtub or soaking tub	\$ 10.00
	Building Main Waste	\$ 30.00
	Clothes Washer	\$ 10.00
	Dishwasher – residential/ commercial	\$ 10.00/ \$20.00
	Drinking Fountain	\$ 10.00
	Floor Drains	\$ 10.00
	Floor Sink	\$ 10.00
	Grease Interceptor < 1000 gal.	\$ 25.00
	Grease Interceptor 1000 gal. or greater	\$100.00
	Hose Bibb	\$ 10.00
	Icemaker / Refrigerator	\$ 10.00
	Kitchen Sink and/or Disposal	\$ 10.00
	Laundry Tray	\$ 10.00
	Lavatory	\$ 10.00
	Med Gas Piping<5 inlets/outlets	\$ 60.00
	Med Gas Piping>5 inlets/outlets (per unit)	\$ 5.00
	Other/misc.	
	PW inspection fee for backflow	\$ 34.13
	Pretreatment Interceptor	\$10.00
	Reinspection fee (all)	\$ 50.00
	Roof Drains	\$ 10.00
	Side sewer inspection/install	\$ 75.00
	Sewer repair	\$ 25.00
	Shower (only)	\$ 10.00
	Sink (bar, service, etc.)	\$ 10.00
	Supplemental Permit Fee (amend existing permit)	\$ 10.00
	Tankless Water Heater	\$ 10.00
	Toilets	\$ 10.00
	Urinal	\$ 10.00
	Water Heater	\$ 10.00
	Water installation and/or repair (includes fire supply lines)	\$ 25.00

#	<u>Mechanical</u>	
	Additional plan review fees/ hr.	\$ 50.00
	Air Cond. Unit < 100 Btu/h	\$ 40.00
	Air Cond. Unit > 100 Btu/h	\$ 50.00
	Air Cond. Unit > 500 Btu/h	\$ 52.00
	Air Handling Units	\$15.00
	Base Mechanical Fee	\$ 30.00
	Boiler < 100Btu/h >3hp	\$ 25.00
	Boiler > 1 million Btu/h < 50hp	\$ 70.00
	Boiler > 1.5million Btu/h <50hp	\$100.00
	Boiler > 100Btu/h 3-15hp	\$ 40.00
	Boiler > 500Btu/h 15-30hp	\$ 52.00
	Comm. Hood - Type I	\$ 50.00
	Comm. Hood - Type II	\$ 25.00
	Dryer Ducting	\$ 10.00
	Ductwork (drawings req.)	\$ 20.00
	Evaporative Coolers	\$ 15.00
	Exhaust/Ventilation Fans	\$ 15.00
	Fireplace/Insert/Stove	\$ 15.00
	Forced Air Heat < 100 Btu/h	\$ 25.00
	Forced Air Heat > 100 Btu/h	\$ 40.00
	Gas Clothes Dryer	\$ 15.00
	Gas Fired AC < 100 Btu/h	\$ 25.00
	Gas Fired AC > 100 Btu/h	\$ 40.00
	Gas Fired AC > 500 Btu/h	\$ 52.00
	Gas Piping < 5 units	\$ 10.00
	Gas Piping > 5 units (per unit)	\$ 2.00
	Heat Exchangers	\$ 15.00
	Heat Pump or Condensing unit	\$ 20.00
	Hot Water Heat Coils	\$ 15.00
	Other/Misc.	
	Pkg. Units < 100Btu > 100Btu	\$ 50/80
	Range/Cook top-Gas Fired	\$ 15.00
	Refrigeration Unit < 100 Btu/h	\$ 25.00
	Refrigeration Unit > 100 Btu/h	\$ 40.00
	Refrigeration Unit > 500 Btu/h	\$ 52.00
	Residential Range Hood	\$ 10.00
	Reinspection fee (all)	\$ 50.00
	Supplemental Permit Fee (amend existing permit)	\$ 10.00
	Unit Heaters < 100 Btu/h	\$ 25.00
	Unit Heaters > 100 Btu/h	\$ 40.00
	VAV Boxes	\$ 10.00
	Wall Heater – gas fired	\$ 25.00
	Water Heater – gas fired	\$ 15.00



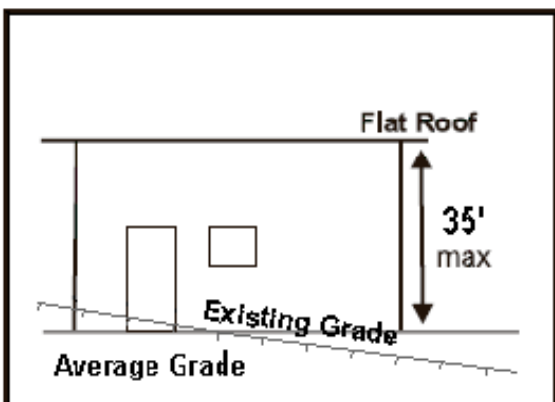
BUILDING HEIGHT INFORMATION

DEFINITIONS:

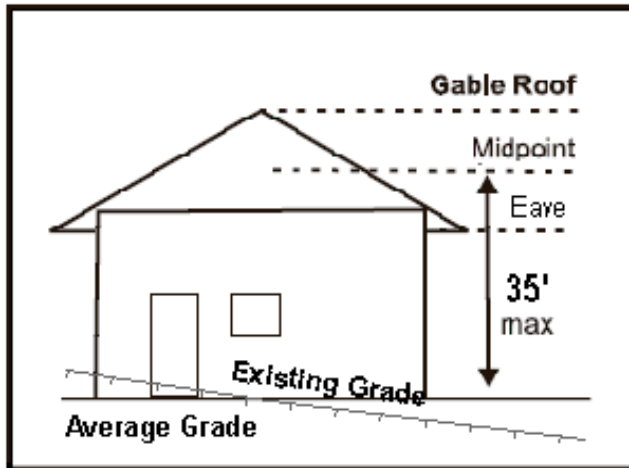
1. Height of building: the vertical distance from the average ground level to the average height of the roof surface.
2. Average grade: the standard grade plane derived from the four (4) corner average of the building envelope laid over the finished ground level.
3. * 35 feet is the maximum allowed height in most zoning districts.

Example 1: Sample Elevations Showing Building Height*

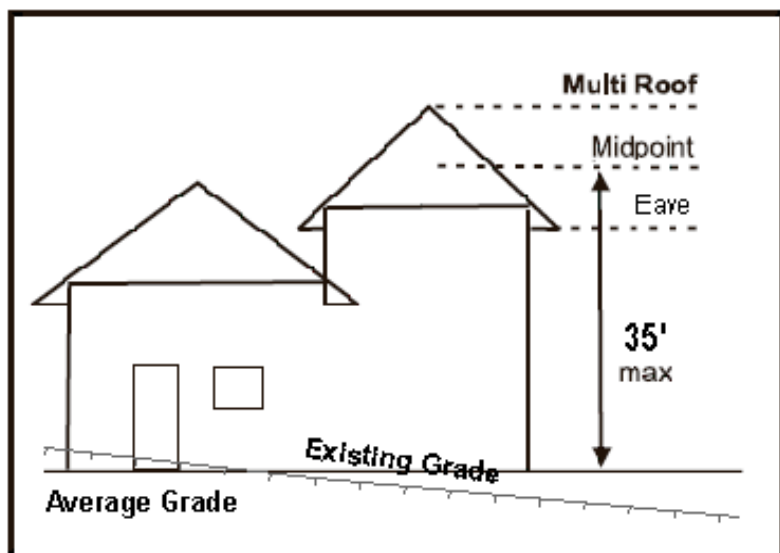
Flat Roof



Gable Roof



Multi-level Roof





Community Development

CITY OF MONROE
806 W. Main St - Monroe, WA 98272
Phone: (360) 794-7400
Fax: (360) 794-4007

Building Height Calculation Worksheet

Address: _____

Tax Parcel: _____

Benchmark: _____

Height Calculations

Point A = _____

Point B = _____

Point C = _____

Point D = _____

Average Grade $(A+B+C+D) \div 4 =$ _____

Max. Height = _____ Actual Height = _____ Prepared By: _____

Include contour lines, elevation points, and benchmark location or source on site plan to determine average grade

NOTICE: If the building height is at or within 3 feet of maximum building height, a licensed professional land surveyor must complete the attached certificate of average ground level.



Community Development

CITY OF MONROE
806 W. Main St - Monroe, WA 98272
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Certificate of Average Ground Level for Determining Building Height

Date: _____

Address: _____ Tax Parcel No. _____

Legal Description:

I certify that I have measured the existing ground level at the above-described property and found that the arithmetic mean height to be _____ feet above /below the permanent benchmark at _____.

I further certify that height of the proposed building, on the property legally described above, is _____ feet.

Attach a map that includes contour lines, elevation points, and benchmark location or source on site plan to determine average grade. This document must be signed and stamped by a licensed professional land surveyor

Prepared By: _____

Signature: _____

Company: _____

Address: _____

Phone: _____

Complete Parts 1, 2A or 2B, and 3.

PART 1 – General Information

- You will need to fill out a utility service application if you are establishing or changing a city water or sewer service.
- Submittals: Site plan and irrigation water budget if applicable.
- Your water service will not be unlocked or turned on until all the information on this form is completed, returned, and approved by the City of Monroe.

New or existing construction _____

Square footage of building _____ Square footage of property _____

PART 2A – Single family residence / Multi-family up to 4 units

Single family residence? Yes _____ No _____

Multifamily residential (up to 4 units):

Number of units _____ Would you like a separate meter for each unit? _____

Would you like a separate irrigation meter? _____

(1) Please check any of the following that your residence has, or will have:

- | | |
|---|-------|
| Auxiliary water system (well, pond, creek, other) | _____ |
| Solar hot water heating system | _____ |
| Home three stories or more tall | _____ |
| Fire system (with or without booster pump) | _____ |
| Fire system (with antifreeze) | _____ |
| Irrigation system (with or without booster pump) | _____ |
| Irrigation system (with chemical addition) | _____ |
| Booster Pump | _____ |

(2) Are you aware of any existing backflow protection located at this property?

Please describe:

PART 2B – Commercial / Industrial / Multi-family greater than 4 units

Business name _____

Type of business _____

Number of residential units _____

Projected water usage _____ cf / month Total impervious area _____ sf

Please check all services requested:		Meter size requested:	Quantity:
Water	<input type="checkbox"/>	$\frac{3}{4}"$	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	1"	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	1-1/2"	<input type="checkbox"/>
Fire Sprinkler	<input type="checkbox"/>	2"	<input type="checkbox"/>
	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Would you like a separate irrigation meter? _____ How many? _____

Are there any special sewer needs? _____

Are any chemicals or metals used on the site? If so, list _____

Please check any of the following that your facility has, or will have:

Air condition system (commercial)	_____	Chlorinators	_____
Air washer	_____	Computer cooling lines	_____
Aquarium make-up water	_____	Condensate tanks	_____
Aspirator, chemical	_____	Cooling towers	_____
(<i>Herbicide, pesticide, weedicide</i>)	_____	Decorative ponds	_____
Aspirator, Medical/lab	_____	Degreasing equipment	_____
Autoclave	_____	Dental equipment/cuspidors	_____
Autopsy table	_____	Dialysis equipment	_____
Auxiliary Water System	_____	Dye vats and tanks	_____
(<i>Well, pond, creek, other</i>)	_____	Etching tanks	_____
Baptismal fountain	_____	Fermenting tanks	_____
Bathtub, below rim filler	_____	Fertilizer injection	_____
Bedpan washer	_____	Film processors	_____
Beverage dispenser (<i>post-mix Co2</i>)	_____	Fire Department pumper	_____
Boiler feed lines	_____	connections	_____
Bottle washing equipment	_____	Fire system (<i>with booster pump</i>)	_____
Box hydrant (<i>irrigation</i>)	_____	Fire system (<i>without chemicals</i>)	_____
Building 3 stories or more tall	_____	Fire system (<i>with antifreeze</i>	_____
Car wash	_____	<i>or chemicals</i>)	_____
Chemical feed tank for	_____	Fume hoods (<i>lab</i>)	_____
industrial process	_____	Garbage can washers	_____

Chemical dispenser (commercial cleaners)	_____	Heat exchanges (other than double wall with leak path)	_____
Heat pumps	_____	Pump prime lines	_____
High pressure washers (commercial)	_____	Radiator flushing equipment	_____
Hot tubs (direct water connection)	_____	Recreational vehicle sewage dump	_____
Hot water heating boilers	_____	Sewer connected equipment	_____
Hydrotherapy baths	_____	Solar water heating system	_____
Ice makers	_____	Spas or spa chairs	_____
Industrial fluid systems	_____	Steam generating equipment	_____
Irrigation system (no chemicals)	_____	Stills	_____
Irrigation system (chemical)	_____	Swimming pools	_____
Laboratory equipment	_____	Trap primers	_____
Laundry machines (commercial)	_____	Used, reclaimed or gray water systems	_____
Livestock drinking tanks	_____	X-ray equipment	_____
Make-up tanks	_____		
Photo developing sinks/tanks	_____		

(1) Are you aware of any existing backflow protection located at this property?

Please describe: _____

(2) Please provide the name of all products or chemicals that are mixed with water at your location:

PART 3 – Billing Information
Name _____ Phone _____
Address _____ _____

Prescriptive Energy Code Compliance for All Climate Zones in Washington

Project Information

Contact Information

This project will use the requirements of the Prescriptive Path below and incorporate the minimum values listed. In addition, based on the size of the structure, the appropriate number of additional credits are checked as chosen by the permit applicant.

Authorized Representative _____ Date _____

All Climate Zones		
	R-Value ^a	U-Factor ^a
Fenestration U-Factor ^b	n/a	0.30
Skylight U-Factor	n/a	0.50
Glazed Fenestration SHGC ^{b,e}	n/a	n/a
Ceiling ^k	49 ^j	0.026
Wood Frame Wall ^{g,m,n}	21 int	0.056
Mass Wall R-Value ⁱ	21/21 ^h	0.056
Floor	30 ^g	0.029
Below Grade Wall ^{c,m}	10/15/21 int + TB	0.042
Slab ^d R-Value & Depth	10, 2 ft	n/a

*Table R402.1.1 and Table R402.1.3 Footnotes included on Page 2.

Each dwelling unit in a residential building shall comply with sufficient options from Table R406.2 so as to achieve the following minimum number of credits:

- ☐ **1. Small Dwelling Unit: 1.5 credits**
Dwelling units less than 1500 square feet in conditioned floor area with less than 300 square feet of fenestration area. Additions to existing building that are greater than 500 square feet of heated floor area but less than 1500 square feet.
- ☐ **2. Medium Dwelling Unit: 3.5 credits**
All dwelling units that are not included in #1 or #3. **Exception:** Dwelling units serving R-2 occupancies shall require 2.5 credits.
- ☐ **3. Large Dwelling Unit: 4.5 credits**
Dwelling units exceeding 5000 square feet of conditioned floor area.
- ☐ **4. Additions less than 500 square feet: .5 credits**

Table R406.2 Summary

Option	Description	Credit(s)		
1a	Efficient Building Envelope 1a	0.5	<input type="checkbox"/>	
1b	Efficient Building Envelope 1b	1.0	<input type="checkbox"/>	
1c	Efficient Building Envelope 1c	2.0	<input type="checkbox"/>	
1d	Efficient Building Envelope 1d	0.5	<input type="checkbox"/>	
2a	Air Leakage Control and Efficient Ventilation 2a	0.5	<input type="checkbox"/>	
2b	Air Leakage Control and Efficient Ventilation 2b	1.0	<input type="checkbox"/>	
2c	Air Leakage Control and Efficient Ventilation 2c	1.5	<input type="checkbox"/>	
3a	High Efficiency HVAC 3a	1.0	<input type="checkbox"/>	
3b	High Efficiency HVAC 3b	1.0	<input type="checkbox"/>	
3c	High Efficiency HVAC 3c	1.5	<input type="checkbox"/>	
3d	High Efficiency HVAC 3d	1.0	<input type="checkbox"/>	
4	High Efficiency HVAC Distribution System	1.0	<input type="checkbox"/>	
5a	Efficient Water Heating 5a	0.5	<input type="checkbox"/>	
5b	Efficient Water Heating 5b	1.0	<input type="checkbox"/>	
5c	Efficient Water Heating 5c	1.5	<input type="checkbox"/>	
5d	Efficient Water Heating 5d	0.5	<input type="checkbox"/>	
6	Renewable Electric Energy	0.5		
			*1200 kwh	0.0
Total Credits				0.00

*Please refer to Table R406.2 for complete option descriptions

Table R402.1.1 Footnotes

For SI: 1 foot = 304.8 mm, ci = continuous insulation, int = intermediate framing.

^a R-values are minimums. U-factors and SHGC are maximums. When insulation is installed in a cavity which is less than the label or design thickness of the insulation, the compressed R-value of the insulation from Appendix Table A101.4 shall not be less than the R-value specified in the table.

^b The fenestration U-factor column excludes skylights. The SHGC column applies to all glazed fenestration.

^c "10/15/21.+TB" means R-10 continuous insulation on the exterior of the wall, or R-15 on the continuous insulation on the interior of the wall, or R-21 cavity insulation plus a thermal break between the slab and the basement wall at the interior of the basement wall. "10/15/21.+TB" shall be permitted to be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulation on the interior or exterior of the wall. "10/13" means R-10 continuous insulation on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall. "TB" means thermal break between floor slab and basement wall.

^d R-10 continuous insulation is required under heated slab on grade floors. See R402.2.9.1.

^e There are no SHGC requirements in the Marine Zone.

^f Reserved.

^g Reserved.

^h Reserved.

ⁱ The second R-value applies when more than half the insulation is on the interior of the mass wall.

^j Reserved.

^k For single rafter- or joist-vaulted ceilings, the insulation may be reduced to R-38.

^l Reserved.

^m Int. (intermediate framing) denotes standard framing 16 inches on center with headers insulated with a minimum of R-10 insulation.

Table R402.1.3 Footnote

^a Nonfenestration U-factors shall be obtained from measurement, calculation or an approved source or as specified in Section R402.1.3.